



MONTGOMERY COUNTY FIRE AND RESCUE SERVICE
MONTGOMERY COUNTY, MD.

ENGINE COMPANY BENCHMARKS

Version 2.0 (12/05)

DATE _____ LOCATION _____

TIME _____ UNIT OIC _____ DRIVER _____ POSITION DUE _____

EVALUATOR _____ NATURE OF INCIDENT _____ EVENT # _____

- | | | | |
|---|-----|----|----|
| • Unit Officer gave proper water supply instructions via radio | YES | NO | NA |
| • Engine properly carried out the water supply procedure | YES | NO | NA |
| • Officer performs a size-up and assessment of structure (ie. circle check) | YES | NO | NA |
| • First arriving units on Side A and C gave proper Initial On-Scene Report (IOSR) | YES | NO | NA |
| Side A- the arrival side of building, number of stories, type of occupancy, conditions evident, additional resources, and any deviation from the SOP. | | | |
| Side C- the number of stories, and conditions evident. | | | |
| • Establish proper mode of command (investigative/attack/stationary) or passed | YES | NO | NA |
| • Designated standby team to comply with “ two out ” when appropriate via radio | YES | NO | NA |
| • Unit was properly positioned | YES | NO | NA |
| • Observed all crew members with proper PPE, SCBA, light, and assigned tools | YES | NO | NA |
| • Unit officer gave proper initial accountability report via radio
(Unit I.D., # of personnel, location of entry, reason for entry) | YES | NO | NA |
| • Engine company properly advanced appropriate attack line | YES | NO | NA |
| • Engine driver made appropriate connections | YES | NO | NA |
| • Unit Officer gave appropriate reports (progress reports, change in SOP, hazards) | YES | NO | NA |
| • PAS tags present and properly utilized on appropriate ring | YES | NO | NA |
| • All aspects of appropriate S.O.P.(s) followed | YES | NO | NA |
| • Unit did not block access for incoming apparatus | YES | NO | NA |
| • Crew integrity maintained and crew resource management used | YES | NO | NA |

High-Rise

- | | | | |
|--|-----|----|----|
| • Engine Officer designated Attack stairwell/Evacuation stairwell | YES | NO | NA |
| • Designated standpipe hose and equipment carried into building | YES | NO | NA |
| • Officer carries officers hose bag and/or rope bag when appropriate | YES | NO | NA |
| • Knox Box used to effectively gain access to building areas | YES | NO | NA |
| • Proper use of Elevators (fireman’s service, above 5 th floor, 2 floors below) | YES | NO | NA |

Non-Hydrant Water Supply

- | | | | |
|---|-----|----|----|
| • Announce water supply instructions to support initial attack (ie. relay, shuttle) | YES | NO | NA |
| • Use of clappered siamese at end of driveway/entrance | YES | NO | NA |
| • 1 st & 2 nd Engine and 1 st Tanker positioned for initial attack per SOP | YES | NO | NA |
| • Identified a fill site | YES | NO | NA |
| • Established a dump site | YES | NO | NA |

Other Considerations (Working Incidents)

- | | | | |
|---------------------------------------|-----|----|----|
| • Proper hose-line placement | YES | NO | NA |
| • Coordinated attack with other units | YES | NO | NA |

In any case where a “NO” was marked above, please comment on the problem involved, and what corrective action you took below or on the back: